# L16 0000 84548

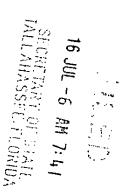
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Вс	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



000287512870

07/05/16--01028--009 \*\*25.00



## **COVER LETTER**

			(
SUBJECT:	+ ECHNO	Express L	LC
Division of Corporations  SUBJECT:			
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
Division of Corporations  SUBJECT:			
		Name of Person	
		, ,	
	1901		River Dr.
	Division of Corporations  HECHNO EXPLOSE LLC  Name of Limited Liability Company  Losed Articles of Amendment and fee(s) are submitted for filing.  Leturn all correspondence concerning this matter to the following:  Alvano Magas.  Name of Person  Firm/Company  In Moret Reven Dr.  Address  Miami of Liability Company  Looe Filing Fee  Looe Looe  E-mail address: (to be used for future annual report notification)  The information concerning this matter, please call:  Alvano Magas.  Name of Person  Area Code  Daytime Telephone Number  Loo Filing Fee  \$60.00 Filing Fee.		
	Miami	Reference Sexpress LLC  Name of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  Alvano Magas.  Name of Person  Firm/Company  1901 Nw Noret River Dr.  Address  Miami (FL 33125  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  Area Code Daytime Telephone Number	
		City/State and Zip Code	
Division of Corporations  SUBJECT: + CHNO EXPRESS LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  A VAND MAGAS.  Name of Person  Firm/Company  196 Nw Nort River  Address  Miami FL 33125  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  A VAND MAGAS.  Name of Person  at (888) 391 TOO2  Name of Person  Enclosed is a check for the following amount:	ation)		
For further information co	ncerning this matter, please ca	all:	
Alvaro	Verges.	at (888) 3915	5002
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	: following amount:		
\$25.00 Filing Fee			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 4/29/16 and assigned Florida document number L1600084948.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited Liability Company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Nelson LUJANO	MiAmi, FL 33125	<b>_</b> Æ̃ Add
		Miami, FL 33125	□ Remove
			Change
	<u> </u>		Add
			Remove
			Change
			Add
			Remove
			Change
<u></u>		<del></del>	🗆 Add
		□ Remove	
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
			Change
			Add .
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional		
	<u> </u>	
	Ass	
	1. 4.1. 3.4.0. 3.4.0.	
	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	e g
		in series
	<u> </u>	. F
Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more t  Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	than 90 days after filing."Pursuant to 605	i.0207 (i ed as th
he record specifies a delayed effective date, but not an effective time.  The 90th day after the record is filed.	e, at 12:01 a.m. on the earlie	er of:
Dated 6-30-16		
A A	a	
Signature of a member or authorized representative of a		

Page 3 of 3

Filing Fee: \$25.00